## **AST CLOSURE CHECKLIST**

Facility Name:	
Facility I.D. No.:	
Facility Location:	
PC No. (If applicable):	
CLOSURE REPORT COMPLETENESS:	
Check if the following was included in the closure report:	
Documentation of liquid/sludge vapor removal	
Documentation of pipe disconnection from AST	
Copies of the laboratory results of sample(s) and test(s) for oi	I/petroleum hydrocarbons.
Photographs indicating sampled area(s).	,
Site map indicating location of closed AST(s) and associated p	iping and sample locations
Documentation that Tank has been properly vented	
Documentation that Tank has been labeled as permanently cl	osed
Copy of local building/code permit.	
Local Building official inspection (date)	
DEQ Inspection, if necessary (date)	
Notes:	
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<b>ENVIRONMENTAL DATA REVIEW:</b> Check applicable based on the review of closure report/documentatio	n:
Soil analytical sample data provided for the tank(s), piping, an	
Chain of Custody documentation provided	d disperiser(s) being closed
Sample locations are adequate to detect the presence of a rel	lease from the tank(s) nining and
dispenser(s) being closed	case from the tank(3), piping, and
The depth of samples are given	
Notes:	
OPERATORS SEEKING ALTERNATIVE TO THE SOIL SAMPLING REQUIRE	MENT:
Records of monthly leak detection monitoring for past 12 mon	
Demonstration that the facility or AST has operated a DEQ app	
	,
CONCLUCIONS	
Check as applicable:	
Check as applicable:  Soil TPH values indicate a release.	
Ground water TPH or BTEX values indicate a release	
<del></del>	
No release indicated, closure complete	information is required
Case referred for PC. Closure was incomplete and additional	inioniation is required
Notes:	